National Priority 7: Strengthen Medical Surge and Mass Prophylaxis Capabilities

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This section is intended to address the following issues:

Associated Capability: Mass Prophylaxis

- Describe your Mass Prophylaxis plans for the general distribution of mass prophylaxis and distribution sites. As of today, what can you mass prophylaxis against without the help of Strategic National Stockpiles?

Associated Capability: Medical Surge

- Describe how you strengthened your Medical Surge capabilities, including a discussion of surge staff identified and whether or not they have been trained on either Mass Prophylaxis stockpiles or medical surge events. Describe accomplishments in this capability referencing any exercises that have been conducted since 2003

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A. Accomplishments

Databases and Reporting Systems

- The Office of the Chief Medical Examiner (OCME) is supplying VDEM with a list of supplies needed during a mass fatality event. It has been determined that the cost of maintaining supplies for the initial three days of an event, and until other supplies arrive, is approximately $75,000 (one time).
- Virginia received a 10 out of 10 for preparedness to respond to public health emergencies based on the Trust for America's Health measurements. Virginia was one of seven states to receive this rating.
- Virginia is in compliance with established reporting requirements associated with the 29 identified conditions to include CDC Category A agents, outbreaks, and unusual occurrences of diseases of public concern. VDH also maintains an up-to-date registry of select agents possessed by laboratories in the state and is notified of any changes in inventory.
- The Commonwealth has established the Emergency System Advanced Registration of Volunteer Healthcare Professionals (volunteers were solicited through the medical license renewal process), which is a database of healthcare professionals to contact during emergencies.
- A system exists for reporting deaths that law enforcement or EMS can determine and if a OCME is needed.
- To assist first responders with medical reporting, pocket cards with Med-X signs/symptoms and OCME contact information were distributed. (This will alert first responders when a report should be made to the local medical examiner and provides them with the necessary contact information so the report can be made in a timely manner.) OCME is working to develop a CD of these pocket cards to give to organizations that can then disseminate the information. This effort to educate more first responders across the state is an inexpensive and efficient approach.
- The Virginia Department of Health (VDH) planning program for mass prophylaxis has been described as a "model" program by the Centers for Disease Control and Prevention (CDC) and designated as a "Best Practice" program by DHS. The program has received a "green rating" (fully capable) for the past four years (2003-2006) and received a 97% prepared rating this year for the management and distribution of the Strategic National Stockpile (SNS) program. It should be noted that all VDH sponsored exercises comply with the requirements of the Homeland Security Exercise and Evaluation Program.

Websites

- Multiple websites have been created to give the public important medical information.

Plans and Exercises

- Statewide mass vaccination plans developed at the district level and legal reporting requirements have been enacted.
- The Virginia Department of Health has six planners assigned to Northern Virginia alone.
- The Commonwealth is divided into 35 Health Districts. These Districts also conduct dispensing exercises and conducted 19 dispensing exercises in 2007, simulating treatment to over 12,000 citizens.
- The VDH has hosted 5 large-scale cross border exercises in the past two years to evaluate the dispensing capability – other states and regions involved were the National Capitol Region, Maryland, West Virginia, North Carolina, and Tennessee.
- Working with public and private hospitals throughout the state, VDH has developed a "surge" plan to insure adequate beds and facilities for mass patient care; worked with the Strategic National Stockpile program with the capability to receive, store, stage, repackage, and distribute medical and health supplies; and worked with highly-populated jurisdictions to develop plans for mass dispersion of antidotes or antibiotics; and developed surveillance and other early-warning strategies.

Medical Supplies and Distribution

- Virginia has $1 million in antibiotics available for first responders and is listed in the Strategic National Stockpile plan as having "head of the line" privileges for first responders.
- Beginning in 2005, VDH distributed antibiotic doses to all 35 Health districts to be available for first responders in times of emergency. There are also strategically located antibiotic caches in three locations – Arlington, Richmond, and Hampton Roads.
- The VDH currently has 3 RSS Sites (Receive, Stage, and Store) designated within the Commonwealth – 2 primary sites and 1 alternate site.
- The VDH has located 355 Points of Dispensing (PODs) for on scene dispensing of the appropriate antidotes. These sites, when mobilized, will be staffed by members from one of the 26 Medical Reserve Corps (MRC) units located within the State.
- To prepare the state against a possible pandemic, the VDH has purchased 770,000 courses of antiviral drugs for mass vaccination as a front line defense. This dispensing program has been coordinated with hospitals, pharmacies, and Medicare and Tricare networks. The SNS program is the backup for this pandemic preparedness program.
- One of the keys to the success of the distribution of the SNS is the transportation arrangement. The VDH has an SNS contract with a national commercial carrier with another means as a backup. This has allowed for safe and secure rapid transport from an SNS RSS site to a POD anywhere within the state within two hours.

Hospitals and Medical Care

- The benchmark for normal medical care is 500 beds per million of population. The Commonwealth has exceeded that benchmark by approximately 3500 beds, above normal capacity, since 2003.
- The Commonwealth is divided into six (6) hospital regions. There are 94 acute care hospitals (have an emergency room) within those six regions that are the first line of defense for a medical surge requirement. Assisting the acute care hospitals are the non-acute care hospitals and clinics, nursing homes, and mental health hospitals.

- All hospitals have stockpiles of PPE for protection of staffs against biological and chemical hazards and additional caches of PPE are available within the six regions. All hospitals also have been equipped and trained to decontaminate patients.
- The hospitals have a version of WebEOC for on line communication with the Region Hospital Coordination Center (RHCC) and then to the VDH Emergency Coordination Center (ECC) which communicates with the VEOC. The hospitals all have video teleconferencing capability with the ECCs and satellite telephones (SatPhones).
- The hospital laboratories have all partnered with the Virginia State Lab into a Laboratory Response Network (LRN) in order to upgrade their capability to deal with specimen – look at, transfer, and coordinate results more efficiently.
- Currently Virginia has 25 Medical Reserve Corps including one with affiliated with the University of Virginia.
- The Virginia Department of Health oversees the MMRS program (comprised of six MMRS jurisdictions) for Virginia.

B. Current Capabilities

Mass Prophylaxis Capability:

- Virginia is able to dispense 10,000 doses of vaccine using 300 traditional PODS dispensing sites (although, this amount will not be sufficient during a catastrophic event).
- Virginia has purchased a portion of its share of the federally subsidized antivirals to use during a pandemic flu.

Medical Surge Capability:

- Virginia currently has the ability to go 20% above normal capacity
- A process is in place to project the demand for Medical Surge (e.g. how many people will need treatment, how long it will take to secure facilities).
- Plan for community based surge hospital bed surge capacity is in place
- All acute care hospitals have capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease or a febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease.
- Sufficient supply of pharmaceuticals are stored at the healthcare facility to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), their family members, and hospital based emergency first responders and their families.
- Plans address the use of existing facilities (e.g. hospitals, clinics, extended care facilities)
- Plans address the identification and setting up of additional facilities (e.g. provision of personnel, equipment, pharmaceuticals) when needed.
- Plans address patient and resource transportation (e.g. identification and availability of traditional and non-traditional resources).
- Hospitals and their healthcare partners have an exercise program that conforms with Joint Commission on Accreditation of Healthcare Organizations, Health Resources and Services Administration, Center for Disease Control (CDC), NIMS, and Homeland Security Exercise and Evaluation Program (HSEEP) requirements
- Systems are in place to accrue supplies, pharmaceuticals, and equipment to support facility surge capacity

C. Three-Year Targets

Mass Prophylaxis Capability:

Target Description	Projected Completion Year	Status
For the pandemic preparedness program, the VDH will plan and conduct a major exercise in 2008 -2010, "COOPEX," that will evaluate the capability to mass vaccinate against a pandemic. The exercise will test the capability to distribute and dispense the 770,000 doses of antiviral vaccine that have been previously purchased and stored within the state.	2010	Open
Be fully prepared to execute the Federal Response Program "Cities Ready Initiative" which requires full city coverage of dispensed drugs within 48 hours. The VDH goal is to be able to do this anywhere within the State.	2010	Open
Prepare 2 additional RSS sites to give the state better geographical coverage for receipt and distribution of the SNS.	2008	Open
Another major exercise is planned for August 2008 that will test the capability for round the clock (24/7) operation of selected PODs and evaluate the performance metric for timed dispensing – 2 minutes per person or patient.	2008	Open

Medical Surge Capability:

Target Description	Projected Completion Year	Status
The Commonwealth's healthcare system will be able to rapidly expand its medical mass casualty surge capacity in response to a natural disaster or terrorism event.	2010	Open
The Commonwealth recognizes Emergency Medical Services (EMS) as a vital community service and will seek to aid local EMS through recruitment and retention of service providers, provision of adequate funding, and efforts to improve the overall quality of emergency medical care.	2010	Open

D. Initiatives

Maximize the efficiency of prophylactic protection and/or immunizations. (Targets 1,2,3,4)

Description:

The Commonwealth is working to maximize the efficiency of prophylactic protection and/or immunizations of first responders by evaluating and implementing, as appropriate, methods for stockpiling caches of medications. In particular, Virginia is currently working to acquire the resources necessary to implement the plan as well as develop and deliver training courses in support of the plan. The Commonwealth will reduce the time needed to dispense mass therapeutics and/or vaccines to the public through the increased use of disease surveillance and early-event detection systems, maintenance of mass vaccination/dispensing plans, the coordination and administration of countermeasures, and the leveraging of information technology to improve capabilities.

The Commonwealth also continuously renews and updates statutes relating to emergency medical care including but not limited to the rationing of resources, isolation, and quarantine. In an ongoing effort, the SCP sub-panel on Health and Medical has examined, and may submit legislation regarding, isolation and quarantine as well as liability and workers compensation for volunteers.

Geographic Scope:
All of the projects proposed in this Investment would have a statewide application.

Program Management:
Virginia Office of Emergency Medical Services is integrated with Virginia's Department of Health and Emergency Management. It possesses a full-function management team and is linked to all Virginia-based EMS squads and task forces.

Continue to build medical surge capabilities by focusing on the development of standards, maintenance of personnel, and the initiation of outreach programs (Target 5,6)

Description:
The following actions are being taken as part of the above initiative:

- The Commonwealth is working to raise the pay for medical examiners in order to increase the number of local medical examiners recruited and maintained throughout the State.
- The Commonwealth is encouraging every healthcare facility to prepare to sustain itself for at least 96 (updated from 72) hours following a disaster. FEMA surveys are assessing this and a baseline has been provided. This is a shared responsibility with VDEM.
- The Commonwealth will continue to develop community and medical surge capability to address situations where local resources are overwhelmed and external resources (e.g., federal resources) are not yet available.
- The Commonwealth is working to develop standards for emergency care as well as a plan and process by which physicians can determine their role in various medical emergency scenarios. Virginia is building from an existing health alert network and database for this program.
- The Commonwealth is working to budget for volunteer and local medical examiner background investigations, at $50/investigation x 350 = $17,500.

- Negotiations are currently underway between the Commonwealth and the Federal Secretary of Health and Human Services to ensure the State will have access to this mortuary should a mass fatality event occur.
- VDH is working with Office of the Chief Medical Examiner (OCME) to coordinate a better communication system with regional hospitals.
- EMS is in process of developing framework and standards to administer programs. It is currently reviewing other state programs and anticipates a two-year process to establish program to effectively carry out legislation. Regulatory and Policy Committee of Advisory Board working on penalties and fee structure.
- The Commonwealth will amend the Code of Virginia designating a state agency that will take corrective action when EMS services are inadequate or unavailable.
- Virginia VDH personnel are on working groups interfacing with the Department of Homeland Security (DHS) and the National Incident Management System Integration Center to provide feedback on the newly-developed plans for the Federal response. This task force recommends these groups include the OCME's State Medical Examiner to provide input into these plans and be part of the working groups for the DHS/State revisions to the National Response Plan.
- Future initiatives include increasing the capacity of the regions to manage a medical surge. For medical stabilization and treatment-in-place, a mobile stand alone medical facility will be available in 4 of the 6 hospitals regions. These mobile field hospitals will be available in 2008 – 2010. These mobile hospitals will be staffed with MRC personnel and can be set up near evacuation shelters when necessary.
- There will be an increase in outreach to citizens for assistance during medical surge. Community Emergency Response Teams (CERT) will be used to assist with the non-medical tasks in the hospitals and mobile hospitals to free up medical staffs and assist with 24/7 operations.
- The State Adjunct Work Force initiative and the VDH Employee Work Profile (EWP) will be used to increase the number of volunteers for VDH programs during emergencies. All VDH personnel will have a response requirement and the Adjunct Work Force initiative will assign some state employees to VDH duties during emergencies.

Geographic Scope:
All of the projects proposed in this Investment would have a statewide application.

Program Management:
Virginia Office of Emergency Medical Services is integrated with Virginia's Department of Health and Emergency Management. It possesses a full-function management team and is linked to all Virginia-based EMS squads and task forces.

Complete installation of a prehospital patient care data system in Virginia, linking OEMS and hospital providers to support medical surge (Targets 5, 6)

Prehospital data in Virginia is currently collected by OEMS using the Prehospital Patient Care Reporting System (PPCR). The PPCR program has been proven to be inadequate in serving the needs it is intended for. It has been identified not only internally as not providing the necessary reporting function, but has also been identified in 2 separate Joint Legislative Audit and Review Commission (JLARC) reports. As such, OEMS is in need of an electronic application that will

provide all Virginia certified EMS personnel, agencies, and hospitals with the systems functionality.

This investment will support the fatality management capability. During disaster events, medical facilities and personnel are overwhelmed with the surge of live patients and a surge of deceased remains become an immediate problem. The goal for Virginia would be to have the capacity to handle a mass fatality event on its own without heavy reliance on federal support.

Securing advanced funding for immediate use following an event will ensure that resources are available quickly after an emergency to procure contract staff needed to help produce, translate and design communications materials. For-profit media return to regular programming and tend to be less receptive to using free air time for public health messages in weeks following an event. At that point, having resources to purchase air time would assist us in disseminating long-term public health messages. The additional funds would also provide human resources to maintain enhanced Web pages and print material campaigns during a long-term public health response.

This Investment will support the Governor's Terrorism and Disaster Behavioral Health Advisory Committee (TADBHAC) through funding of continuing disaster behavioral health education opportunities and planning meetings. Funding the participation of subject matter experts from academic medical centers in TADBHAC training activities will expand and enhance the impact of TADBHAC throughout the healthcare provider community.

This Initiative also includes the support to medical operations provided by the Metropolitan Medical Response Systems in Virginia.

Geographic Scope

All of the projects proposed in this Investment would have a statewide application. The prehospital information portion covers all EMS squads and task forces in the Commonwealth of Virginia

The fatality management portion of the Investment adds capability to support all counties and cities within the Commonwealth of Virginia.

Additional communications support would benefit all cities and counties in the Commonwealth of Virginia. These additional resources would be deployed to statewide communications operations and to support local and regional communications efforts, and improved emergency behavioral health initiative would serve and protect the metal health of all citizens of the Commonwealth.

Program Management

Virginia Office of Emergency Medical Services is integrated with Virginia's Department of Health and Emergency Management. It possesses a full-function management team and is linked to all Virginia-based EMS squads and task forces. VITA (Virginia Information Technology Agency) will provide technical oversight.

E. Resources

Resources Expended in FY 2007

Need info here

Future Resources Required

Need info here